


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90068 020 ****50.00

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| DOCUMENT # L02000020858 |  |
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|-----------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| 1. Entity Name NASH & EWING, L.L.C. | Principal Place of Business 3494 U.S. HIGHWAY 301 NORTH COLEMAN, FL 33521 | Mailing Address 3494 U.S. HIGHWAY 301 NORTH COLEMAN, FL 33521 |
|-----------------------------------------------|----------------------------------------------------------------------------------------|----------------------------------------------------------------------------|

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|---------------------------------------|------------------------------------------|
| 2. Principal Place of Business | 3. Mailing Address PO Box 98 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State Coleman, FL |
| Zip | Country 33521 UNITED STATES |

04042004 Chg-LLC CR2E083 (10/03)

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|------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| 4. FEI Number 56-2310645 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

| | |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
| MARCHBANKS, LAWRENCE J 110 CLEVELAND AVENUE WILDWOOD, FL 34785 | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | |
|-----------------------------------------------------|--------------------------------------------------------------|
| Filing Fee is \$50.00 Due by May 1, 2004 | Make check payable to Florida Department of State |
|-----------------------------------------------------|--------------------------------------------------------------|

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NASH, JAMES C 15351 SE 47TH AVENUE SUMMEFIELD, FL 34491 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM NASH, SUSAN E 15351 SE 47TH AVENUE SUMMEFIELD, FL 34491 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM EWING, GREG A 2136 OAKINGTON STREET WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM EWING, KATHRYN 2136 OAKINGTON STREET WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

James C. Nash, Mgrm

4-27-04